PART A	A - Requ	uesting Off	fice (Also	compl	ete P	art B,	Items 1	1, 7-22, 3	32, 33	3, 36,	and 39	9.)					
1. Actions	•	O FILL (AR	MV AGB)												2. Request Number		
		rmation Call (No	,	hone Nu	mber)										4. Prop	osed Effect	ive Date
(POIN	IT OF C	ONTACT A	AND TELÉ	PHON	E NU	MBER	R)								MM-	-DD-YY	,
5. Action I	Requested	By (Typed Nam	ne, Title, Signa	ture, and	d Reque.	st Date)		6. Action	Authoriz	zed by (7	Typed Nan	ne, Title	, Signat	ture, and	Concu	ırrence Da	ate)
IMME	DIATE	SUPERVIS	OR					SECO	ND LI	NE SU	JPERVI	SOR					
PART B		eparation of	SF 50 (Us	e only	codes	in FPI	A Supple										2
1. Name /	.ast, Fiist,	ivilaale)						2. Social Security Number 3. Date of Birth 4. Effective Date							5		
FIRST	ACTION	I						SECON	ID AC	TION							
5-A. Code	5-B. Natur	e of Action						6-A. Code 6-B. Nature of Action									
5-C. Code	5-D. Legal	Authority						6-C. Code 6-D. Legal Authority									
5-E. Code	5-F. Legal	Authority						6-E. Code	6-F. Le	egal Auth	nority						
7. FROM:	Position	Title and Nun	nber					15. TO: Position Title and Number									
								UNIT OF ASSIGNMENT									
								POSIT PARA	ION:				LINE	MOS	S:		
8. Pay Plan	9.Occ. Code	10.Grade or Leve	el 11.Step or Rat	e 12. To	tal Sala	rv	13.Pay Ba	sis 8. Pay Plan	9.Occ. C	Code 18.G	rade or Leve	19.Ste		20. Tota	al Sala	rv/Award	13.Pay Basi
•						,					E-6					,.	
12A. Basic	Pay	12B. Locality Ac	1j. 12C.	Adj. Bas	ic Pay	12D. Ot	her Pay	20A. Basi	c Pay	20E	3. Locality	Adj.	20C. A	Adj. Basio	Pay	20D. Oth	ner Pay
14. Name	and Location	on of Position's	Organization					22. Name	and Loc	cation of	Position's	Organi	zation				
			· ·								ADJUT	-		RAL			
											OWELL						
								PHOE	NIX,	AZ 85	5008-34	95					
EMPLO	YEE DA	TΑ															
	ns Preferer 1 - None	nce 3 - 10-Point	/Disability	5 -	10-Point	/Other		24. Tenur	0 - None		- Conditional	25. A	gency L	Jse	26. V	eterans Pr	ef for RIF
27. FEGLI	2 - 5-Point	4 - 10-Point	/Compensable	6 -	10-Point	/Compens	sable/30%	28. Annui			- Indefinite					'ES v Bate De	NO eterminant
								2017111101	carre irra								
30. Retirer	ment Plan				31. Ser	vice Comp	o. Date (Leav	e) 32. Work	Schedul	le					33. Pa	rt-Time H	
DOCUT	0N D 4 :															Pay F	
34. Positio	ON DA	d .			35. FL	SA Cate	gory	36. Appro	priation	Code				1:	37. Ba	raainina l	Jnit Status
	1 - Competit 2 - Excepted		3 - SES General 4 - SES Care	er			xempt lonexempt									3. 3.	
38. Duty 9	Station Cod	le				,	on <i>(City - C</i> Y, STA	County - State	or Ove	erseas Lo	cation)			,			
40. Agenc	y Data	41.		42.	Oiti	1, 011	43.	, Zu	44.								
45. Educa	tional Level	46. Year	Degree Attaine	d 47. A	cademi	c Discipli	ne 48. Fur	nctional Class	49.	Citizensh	•	50. V	eterans	Status -	51. Տւ 	pervisory	Status
PART (	C - Revi	ews and A	nnrovals	Not to	n he i	ised h	v reque	stina offic	 	1 - USA	A 8 - Other						
	ce/Function		Initials/Sign				Date		/Function	n		Initial	ls/Signat	ure		0	Date
Α.								D.									
																+	
В.								E.									
C.								F.									
		fy that the info						the Signature								Approv	/al Date

(Note to Supervisors: Do you know of additional or conflicting reas If "YES", please state these facts on a separa		_	YES	NO					
SELECTING SUPERVISOR: PERSON WHO WILL B MOS: AREA OF CONSIDERATION: I.E. NATIONWIDE, CU	JRRENT ON-BO	DARD AGR, ETC.							
ADDITIONAL REMARKS: ANY SPECIAL REMARKS	YOU WANT A	DDED TO THE ANNOUNCEMENT							
PART E - Employee Resignation/Retirement									
	Privacy Ac	t Statement							
You are requested to furnish a specific reason for your retirement and a forwarding address. Your reason may be any future decision regarding your re-employment in the Fe and may also be used to determine your eligibility for un compensation benefits. Your forwarding address will be unto mail you copies of any documents you should have on compensation to which you are entitled.	considered in ederal service nemployment used primarily	and agencies to issue regulations of individuals in the Federal service and to require agencies to furnish the specific federal service to the Secretary of connection with administration of programs.	their records, while secti ecific reason for termin f Labor or a State ag	ion 8506 nation of gency in					
This information is requested under authority of sections 30 8506 of title 5, U.S. Code. Sections 301 and 3301 auth		The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.							
2. Effective Date 3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, S	State ZIP Codel						
2. Ellective Date 3. Total dignature	4. Date Signed	J. I Givenuing Address (Warnber, Street, City, C	tate, zii Gode)						
PART F - Remarks for SF 50									

PART D - Remarks by Requesting Office

,	Y AGR) NTE: M	1M-DD-YY		rt B, I	ltems 1,	7-22, 3	2, 33,	36, and 3	9.)		quest Num			
3. For Additional Information (POINT OF CO	mation Call (Name an ONTACT AND			(BER	)						osed Effect			
5. Action Requested B	y (Typed Name, Title	, Signature, a	nd Request	Date)		6. Action A	Authorized	by <i>(Typed Nan</i>	ne, Title, Sig	nature, and Conc	urrence Da	ite)		
IMMEDIATE S	SUPERVISOR					SECO	ND LINE	SUPERVI	SOR					
PART B - For Pre		0 (Use only	/ codes i	n FPM	Supplem									
1. Name (Last, First, M	/liddle)					2. Social S	ecurity Nur	mber	3. Date of	Birth 4. Eff	ective Date	3		
FIRST ACTION						SECON	D ACTI	ON						
5-A. Code 5-B. Nature	e of Action					6-A. Code	6-B. Natur	e of Action						
5-C. Code 5-D. Legal	Authority					6-C. Code	6-D. Legal	Authority						
5-E. Code 5-F. Legal A	Authority					6-E. Code 6-F. Legal Authority								
7. FROM: Position T	itle and Number					15. TO: Position Title and Number								
UNIT OF ASSIC	SNMENT		100:			UNIT C	OF ASSIG	SNMENT		MO0:				
PARA		LINE	IOS:			PARA	ION:		LIN	MOS: IE				
8. Pay Plan 9.Occ. Code	10.Grade or Level 11.Ste	p or Rate 12. T	Total Salary		13.Pay Basis	8. Pay Plan	9.Occ. Code	18.Grade or Leve	el 19.Step or R	Rate 20. Total Sala	ary/Award	13.Pay Basi		
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Ba	sic Pay 1	2D. Oth	ner Pay	20A. Basid	Pay	20B. Locality	Adj. 200	C. Adj. Basic Pay	20D. Oth	ier Pay		
14. Name and Location	n of Position's Organ	ization				22. Name	and Location	on of Position's	Organizatio	n				
	HE ADJUTANT CDOWELL RO 2 85008-3495		ıL			5636 E	EAST M	HE ADJUT CDOWELL 85008-34	. ROAD	NERAL				
EMPLOYEE DA						-  24. Tenure	j.		2E Agono	v. Hoo     26   V	eterans Pr	ef for RIF		
1 - None 2 - 5-Point	3 - 10-Point/Disabili 4 - 10-Point/Compe		- 10-Point/C - 10-Point/C		able/30%		0 - None	2 - Conditional nt 3 - Indefinite	25. Agenc	, OSC	YES	NO		
27. FEGLI						28. Annuit	ant Indicate	or			ay Rate De	1		
30. Retirement Plan			31. Service	ce Comp.	. Date (Leave)	32. Work Schedule 33. Part-Time Hours Po						ours Per		
						Biweekly Pay Perio								
POSITION DAT 34. Position Occupied	·A		35. FLS	Λ Catao	10n/	100				lo7. D				
1 - Competition 2 - Excepted		General ES Career	35. FLS	, E-Ex		36. Appro	priation Cod	de		37. B	argaining (	Jnit Status		
38. Duty Station Code	9			•	n (City - Cou									
40. Agency Data	41.	42.	CITY	, COL	JNTY, ST	ATE (I.E	. PHOE	NIX, MAR	ICOPA, A	ARIZONA)				
40. Agoney Bata		72.			13.		177.							
45. Educational Level	46. Year Degree	Attained 47.	Academic I	Disciplin	e 48. Functi	ional Class	49. Citiz	enship - USA 8 - Other	50. Vetera	ins Status 51. S	upervisory	Status		
PART C - Revie	1		to be us	ed by										
1. Office/Function	Initi	als/Signature			Date		/Function		Initials/Sig	nature	L	Date		
A.						D.								
В.						E. _								
C.  2. Approval: I certify that the information entered on this form is accurate and that						F. Signature					Approv	val Date		
<ol><li>Approval: I certify proposed action is in c</li></ol>						1					' '			

	emarks by Requesting Office				
	ors: Do you know of additional or conflicting reas If "YES", please state these facts on a separa			YES	NO
JUSTIFICA	ΓΙΟΝ				
PART E - Er	nployee Resignation/Retirement				
	. ,	Privacy Act	Statement		
ou are reques	ted to furnish a specific reason for your r	esignation or	and agencies to issue regulations with reg	ard to emp	ployment of
any future decis	a forwarding address. Your reason may be sion regarding your re-employment in the Fe	deral service	individuals in the Federal service and their reco requires agencies to furnish the specific rea	ason for te	rmination of
compensation b	be used to determine your eligibility for un penefits. Your forwarding address will be u	sed primarily	Federal service to the Secretary of Labor connection with administration of unemp		
o mail you co	pies of any documents you should have on which you are entitled.	r any pay or	programs.		
•	is requested under authority of sections 30	01 3301 and	The furnishing of this information is volunta provide it may result in your not receiving: (		
	5, U.S. Code. Sections 301 and 3301 auth		documents you should have; (2) pay or other co (3) any unemployment compensation benefits	mpensation (	due you; and
			entitled.	to writer	you may be
	_		termining possible unemployment benefits. Please	-	and
avoid gener	alizations. Your resignation/retirement is eff	fective at the end	d of the day - midnight - unless you specify otherwi	se.)	
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP)	Code)	
PART F - Re	emarks for SF 50				

	ENT (ARMY AG	iR)		art B,	Items 1,	7-22, 3	2, 33, 3	36, and 3	9.)		2. Re	quest Num	lber
3. For Additional Infor	mation Call (Name and ONTACT AND			MBER	)							osed Effect	
5. Action Requested B	ly (Typed Name, Title	e, Signature,	and Reques	st Date)		6. Action A	Authorized	by (Typed Nan	ne, Title, S	Signatu	ire, and Conc	urrence Da	te)
IMMEDIATE S	SUPERVISOR					SECO	ND LINE	SUPERVI	ISOR				
PART B - For Pre		0 (Use on	ly codes	in FPN	1 Supplem								
1. Name (Last, First, I	viidaie)					2. Social S	ecurity Nur	nber	3. Date	ot Birt	n 4. Επ	ective Date	)
FIRST ACTION						SECON	D ACTI	ON					
5-A. Code 5-B. Nature	e of Action					6-A. Code	6-B. Natur	e of Action					
5-C. Code 5-D. Legal	Authority					6-C. Code	6-D. Legal	Authority					
5-E. Code 5-F. Legal	Authority					6-E. Code	6-F. Legal	Authority					
7. FROM: Position 1	itle and Number					15. TO: P	osition Tit	tle and Numb	oer				
UNIT OF ASSIG	GNMENT						OF ASSIG	NMENT					
POSITION: PARA		LINE	MOS:			POSITION: MOS: PARA LINE							
8. Pay Plan 9.Occ. Code	10.Grade or Level 11.Ste E-6	ep or Rate 12.	Total Salar	У	13.Pay Basis	8. Pay Plan	9.Occ. Code	18.Grade or Leve	el 19.Step o	r Rate	20. Total Sala	ary/Award	13.Pay Basi
12A. Basic Pay	12B. Locality Adj.	12C. Adj. E	Basic Pay	12D. Ot	her Pay	20A. Basid	Pay	20B. Locality	Adj. 2	0C. A	dj. Basic Pay	20D. Oth	er Pay
14. Name and Locatio	n of Position's Organ	ization				22. Name	and Locatio	on of Position's	Organiza	tion			
OFFICE OF T 5636 EAST M PHOENIX, AZ	5636 E	EAST M	HE ADJUT CDOWELL 85008-34	. ROAD		RAL							
EMPLOYEE DA 23. Veterans Preference						124. Tenure	2		DE A		126 V	eterans Pr	ef for RIF
1 - None 2 - 5-Point	3 - 10-Point/Disabili 4 - 10-Point/Compe		5 - 10-Point		sable/30%		0 - None	2 - Conditiona nt 3 - Indefinite	25. Age	ncy U		YES	NO
27. FEGLI	·					28. Annuit	ant Indicate	or				ay Rate De	
30. Retirement Plan			21 Con	ioo Comp	o. Date (Leave)	32. Work Schedule 33. Part-Time Hours Pe						ours Per	
30. Netirement Flan			31. 361	vice comp	. Date (Leave)	Biweekly Pay Period						ekly	
POSITION DAT	A												
34. Position Occupied  1 - Competiti 2 - Excepted		General ES Career	35. FL		xempt	36. Appro	priation Cod	de			37. B	argaining l	Jnit Status
38. Duty Station Code		ES Career	39. Du		Ionexempt on <i>(City - Cou</i>	 unty - State	or Oversea	s Location)					
				Y, CO		TATE (I.E		NIX, MAR	ICOPA,	ARI	ZONA)		
40. Agency Data	41.	42	·.		43.		44.						
45. Educational Level	46. Year Degree	Attained 47	. Academic	Disciplin	ne 48. Functi	ional Class	49. Citiz	enship - USA 8 - Other	50. Vete	erans S	Status 51. S	upervisory	Status
PART C - Revie	ews and Appro	vals <i>(Not</i>	to be u	sed b	y request	ing offic		- OSA O - Other					
1. Office/Function	Init	ials/Signature			Date	Office	/Function		Initials/S	Signatu	re	1	Date
A.						D.							
В.						E.							
C.						F.							
Approval: I certify proposed action is in contact.	y that the information compliance with statu					Signature						Approv	al Date

PART D - Remarks by Requesting Office				
(Note to Supervisors: Do you know of additional or conflicting reasons			YES	Пио
If "YES", please state these facts on a separate	sheet and attack	nto SF 52.)		
REASONS, JUSTIFICATION OR AUTHORITY				
I CONCUR / NON-CONCUR WITH THIS REASSIGNME	ENT (JUSTIF	ICATION FOR NON-CONCURRENCE)		
SIGNATURE:		DATE:		
PART E - Employee Resignation/Retirement				
	Privacy Act			
You are requested to furnish a specific reason for your resiretirement and a forwarding address. Your reason may be contained and may also be used to determine your eligibility for uner compensation benefits. Your forwarding address will be used to mail you copies of any documents you should have or a compensation to which you are entitled.	nsidered in eral service mployment d primarily	and agencies to issue regulations with re individuals in the Federal service and their recrequires agencies to furnish the specific refederal service to the Secretary of Labol connection with administration of unemprograms.	cords, while eason for te r or a Stat	section 8506 ermination of te agency in
This information is requested under authority of sections 301, 8506 of title 5, U.S. Code. Sections 301 and 3301 authority	3301, and ze OPM	The furnishing of this information is volunt provide it may result in your not receiving: documents you should have; (2) pay or other c (3) any unemployment compensation benefit entitled.	(1) your co compensation	pies of those due you; and
2. Effective Date 3. Your Signature 4	I. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIF	P Code)	
PART F - Remarks for SF 50				

Standard Form 52 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 3

1. Actions Requested	uesting Office (A	•	lete Part	t B, It	tems 1,	7-22, 3	2, 33,	36, and 39	9.)	2	. Reques	st Numb	per
3. For Additional Info	,	d Telephone Nu		BER)							. Propose		re Date
5. Action Requested I	By <i>(Typed Name, Title</i>	, Signature, and	d Request L	Date)		6. Action A	Authorized	by (Typed Nan	ne, Title, Sig	nature, and C	Concurre	nce Dat	e)
INCUMBENT						IMMED	DIATE S	UPERVISO	PR				
	eparation of SF 5	0 (Use only	codes in	FPM	Supplem				month-a			Data	
1. Name (Last, First, DOE, JOHN N	•					2. Social S 000-00		imber	MM-DD		. Effective MM-D		
FIRST ACTION						SECON		ION		L			
5-A. Code 5-B. Natur	e of Action					6-A. Code	6-B. Natu	re of Action					
5-C. Code 5-D. Legal	Authority					6-C. Code	6-D. Lega	l Authority					
5-E. Code 5-F. Legal	Authority					6-E. Code	6-F. Legal	I Authority					
7. FROM: Position	Title and Number					15. TO: P	osition T	itle and Numb	er				
UNIT OF ASSI POSITION: PARA	GNMENT	MO LINE	OS:										
8. Pay Plan 9.Occ. Code	10.Grade or Level 11.Ste		tal Salary	1	13.Pay Basis	8. Pay Plan	9.Occ. Code	18.Grade or Leve	19.Step or F	Rate 20. Total	Salary/	Award 1	3.Pay Basi
	E-5												
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Bas	ic Pay 12	D. Othe	er Pay	20A. Basid	c Pay	20B. Locality	Adj. 200	C. Adj. Basic I	Pay 20	D. Othe	r Pay
14. Name and Location	on of Position's Organ	 ization				22. Name	and Locati	on of Position's	Organizatio	n			
5636 EAST M	FHE ADJUTANT ICDOWELL RO Z 85008-3495		-										
EMPLOYEE DA 23. Veterans Preferen						-  24. Tenure			1	12	6 Votor	ono Pro	f for RIF
1 - None 2 - 5-Point	3 - 10-Point/Disabilit 4 - 10-Point/Comper		10-Point/Otl		nle/30%		0 - None	2 - Conditional	25. Agenc	cy Use 2	_		1
27. FEGLI	4 To Forting compor	isable 0	10 1 01111/00	препои	510,00 70	28. Annuit			<u> </u>	2:	YES 9. Pay F		NO erminant
											2		D
30. Retirement Plan			31. Service	Comp. [	Date (Leave)	32. Work	Work Schedule 33. Part-Time Hours Biweekly Pay Period					kly	
POSITION DA			LOE FLOA	Cata	_	1				1			
34. Position Occupied 1 - Competit 2 - Excepted	tive Service 3 - SES	General ES Career	35. FLSA	E - Exer		36. Appro	priation Co	ode		3.	7. Barga	iining Ui	nit Status
38. Duty Station Cod		L3 Caleel	39. Duty			 ınty - State	or Overse	as Location)					
			CITY,	COU		ATE (I.E		ENIX, MARI	COPA, A	ARIZONA)	)		
40. Agency Data	41.	42.			43.		44.						
45. Educational Level	46. Year Degree	Attained 47. A	Academic Di	iscipline	48. Functi	onal Class	49. Citi	zenship - USA 8 - Other	50. Vetera	ns Status 5	1. Supe	rvisory	Status
PART C - Revi	ews and Appro	vals <i>(Not to</i>	o be use	d by	request			ļ			١,		
1. Office/Function	Initi	als/Signature			Date	Office	/Function		Initials/Sig	nature		Da	ite
A.						D.							
В.						E.							
C.						F.							
	fy that the information compliance with statu				and that the	Signature					(	Approva	Il Date

PART D - R	emarks by Requesting Office	for the country	de contracto de de contracto de		
(Note to Supervis	sors: Do you know of additional or conflicting reaso If "YES", please state these facts on a separat			YES	NO
(IDENTIFY	UNIT RESIGNED FROM)				
SPMD OR	MANNING DOCUMENT NUMBER #				
PARIE - E	mployee Resignation/Retirement	Diament And	04-4		
		Privacy Act			
	sted to furnish a specific reason for your re a forwarding address. Your reason may be o		and agencies to issue regulations with reg individuals in the Federal service and their reco	ard to emp	ployment of section 8506
any future deci	ision regarding your re-employment in the Fed	deral service	requires agencies to furnish the specific rea	ason for te	rmination of
and may also compensation	be used to determine your eligibility for un benefits. Your forwarding address will be us	employment sed primarily	Federal service to the Secretary of Labor connection with administration of unemp	or a State Jovment c	<ul> <li>agency in compensation</li> </ul>
to mail you co	opies of any documents you should have or	any pay or	programs.	,	
compensation 1	to which you are entitled.		The furnishing of this information is volunta		
This informatio	n is requested under authority of sections 301 5, U.S. Code. Sections 301 and 3301 author	1, 3301, and	provide it may result in your not receiving: (documents you should have; (2) pay or other con	1) your cop	ies of those
0300 of title	3, 0.3. code. Sections 301 and 3301 autility	orize Or ivi	(3) any unemployment compensation benefits		
			entitled.		
	9		termining possible unemployment benefits. Please	•	and
avoid gene	ralizations. Your resignation/retirement is effe	ective at the end	l of the day - midnight - unless you specify otherwi	se.)	
TO TAKE C	CIVILIAN JOB				
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP)	Code)	
MM-DD-YY	EMPLOYEE'S SIGNATURE	MM-YY-DD	111 S BEND		
			ANYTOWN, MO 00000		
PART F - R	emarks for SF 50				

Standard Form 52 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 3

PART A - Requested  1. Actions Requested  RETIREMENT	(ARMY AGR)			art B,	Items 1,	7-22, 3	2, 33, 3	36, and 3	9.)		Request Nu			
3. For Additional Inform (POINT OF CO	nation Call <i>(Name and</i> ONTACT AND T			MBER	1)						roposed Effe M-DD-Y			
5. Action Requested B	y (Typed Name, Title,	, Signature, ,	and Reque.	st Date)		6. Action	Authorized I	by (Typed Nan	ne, Title, Sig	nature, and Co	ncurrence L	Date)		
INCUMBENT						IMMED	DIATE SU	JPERVISC	)R					
PART B - For Pre		0 (Use on	ly codes	in FPI	// Supplem									
1. Name (Last, First, N DOE, JOHN M						000-00	Security Nun	nber	3. Date of MM-DE		Effective Da IM-DD-Y			
FIRST ACTION							D ACTIO	ON	1 1 1 1 1 1					
5-A. Code 5-B. Nature	of Action					6-A. Code	6-B. Natur	e of Action						
5-C. Code 5-D. Legal A	Authority					6-C. Code	6-D. Legal	Authority						
5-E. Code 5-F. Legal A	Authority					6-E. Code	6-F. Legal	Authority						
7. FROM: Position T	itle and Number					15. TO: Position Title and Number								
UNIT OF ASSIG POSITION: PARA	GNMENT	LINE	MOS:											
8. Pay Plan 9.Occ. Code 1	0.Grade or Level 11.Ste	p or Rate 12.	Total Sala	ry	13.Pay Basis	8. Pay Plan	9.Occ. Code	18.Grade or Leve	el 19.Step or F	Rate 20. Total S	alary/Awar	d 13.Pay Basi		
12A. Basic Pay	12B. Locality Adj.	12C. Adj. E	Basic Pay	12D. Ot	her Pay	20A. Basic	c Pay	20B. Locality	Adj. 200	C. Adj. Basic Pa	y 20D. O	ther Pay		
14. Name and Location	n of Position's Organi	zation				22. Name	and Locatio	n of Position's	Organizatio	on				
	HE ADJUTANT CDOWELL ROA 85008-3495		-											
<b>EMPLOYEE DA</b> 23. Veterans Preference						124. Tenure	2		10E A		Veterans I	Pref for RIF		
1 - None 2 - 5-Point	3 - 10-Point/Disabilit 4 - 10-Point/Comper		5 - 10-Point 6 - 10-Point		sable/30%		0 - None	2 - Conditional at 3 - Indefinite	25. Agend	y Use 20.	YES	NO		
27. FEGLI						28. Annuit	tant Indicato	or		29.		Determinant		
30. Retirement Plan			21 Sor	vice Com	Data (Lagua)	22 Mark	Sabadula			33.	Part-Time	Hours Per		
30. Netirement Flan			31. 36	vice comp	J. Date (Leave)	33. Part-Time Hours P. Biweekly Pay Period						eekly		
POSITION DAT 34. Position Occupied	Α		125 EI	.SA Cate	gony	100	6			107				
1 - Competitiv 2 - Excepted S		General ES Career	33.12	E - E:	xempt Jonexempt	36. Appro	priation Cod	ie		37.	Bargaining	Unit Status		
38. Duty Station Code				•	on (City - Co	•		s Location) NIX, MARI		Λ PIZONA)				
40. Agency Data	41.	42		1,00	43.	I / I   (I.L	44.	INIX, IVIALL	1001 A, A	AI IIZONA)				
45. Educational Level	46. Year Degree	Attained 47	. Academi	c Discipli	ne 48. Funct	ional Class	49. Citiz	enship - USA 8 - Other	50. Vetera	ans Status 51.	Superviso	ry Status		
PART C - Revie	1		to be u	ised b								<b>D</b> .		
1. Office/Function	Initi	als/Signature		_	Date		/Function		Initials/Sig	gnature		Date		
A.						D. _								
В.						E.								
C.						F. Signature					Appr	oval Date		
<ol><li>Approval: I certify proposed action is in control</li></ol>	<ul> <li>that the information ompliance with statut</li> </ul>					e					, ippit			

PART D - F	Remarks by Requesting Office isors: Do you know of additional or conflicting reasons.	one for the employe	on's resignation/retirement?	_	
(Note to Supervi	If "YES", please state these facts on a separa			YES	NO
	, p				
PART E - E	mployee Resignation/Retirement				
	, , , , , , , , , , , , , , , , , , , ,	Privacy Act	Statement		
Vou are reque	ested to furnish a specific reason for your r	esignation or	and agencies to issue regulations with re	nard to em	unloyment of
retirement and	I a forwarding address. Your reason may be	considered in	individuals in the Federal service and their red	cords, while	section 8506
any future dec	sision regarding your re-employment in the Fe	deral service	requires agencies to furnish the specific re		
compensation	be used to determine your eligibility for unbenefits. Your forwarding address will be u	sed primarily	Federal service to the Secretary of Labor connection with administration of unem		
to mail you c	opies of any documents you should have or		programs.	. ,	·
compensation	to which you are entitled.		The furnishing of this information is volunt	tarv: howeve	er. failure to
This information	on is requested under authority of sections 30	1, 3301, and	provide it may result in your not receiving:	(1) your cop	pies of those
8506 of title	e 5, U.S. Code. Sections 301 and 3301 auth	orize OPM	documents you should have; (2) pay or other c (3) any unemployment compensation benefit	ompensation	due you; and
			entitled.	S to Willell	you may be
1. Reasons for	or Resignation/Retirement (NOTE: Your reason	ns are used in de	etermining possible unemployment benefits. Pleas	e be specific	and
			d of the day - midnight - unless you specify other	•	
REASON F	FOR RETIREMENT - 20 YEARS, ETC.				
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIF	P Code)	
MM DD \0/	EMBLOVEER GLOMATURE	MANA NOVEDD	111 S BEND		
MM-DD-YY	EMPLOYEE'S SIGNATURE	MM-YY-DD	ANYTOWN, MO 00000		
			ANTIOVIN, MO 00000		
			ANT TOWN, INC. 00000		
	emarks for SF 50		ANTIOWN, MO 00000		
			ANTIOWN, MO 00000		
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Standard Form 52 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 3

PART A - Reques	sting Office <i>(Also co</i>	omplete Part	B. Items 1.	7-22, 3	2. 33.	36. and 39	9.)		
1. Actions Requested	•	,	, ,	, -	, ,		,	2. Requ	est Number
	(INVOLUNTARY) (A ation Call (Name and Telepho	,						4. Propos	sed Effective Date
	NTACT AND TELEP		BER)					-	DD-YY
5. Action Requested By	(Typed Name, Title, Signatu	re, and Request D	ate)	6. Action A	Authorized	by (Typed Nam	ne, Title, Signat	ture, and Concur	rence Date)
IMMEDIATE SU	PERVISOR			СОММ	IANDER	1			
	aration of SF 50 (Use	only codes in	FPM Suppler						
1. Name (Last, First, Mid DOE, JOHN M.	idle)			2. Social S	Security Nur 0-0000	mber	3. Date of Bir		tive Date
FIRST ACTION					D ACTI	ON			
5-A. Code 5-B. Nature of	f Action					e of Action			
5-C. Code 5-D. Legal Au	thority			6-C. Code	6-D. Legal	Authority			
5-E. Code 5-F. Legal Aut	thority			6-E. Code	6-F. Legal	Authority			
	·				3.	,			
7. FROM: Position Title				15. TO: P	osition Ti	tle and Numb	er		
UNIT OF ASSIGN POSITION:	IMENT	MOS:							
PARA	LINE								
8. Pay Plan 9.Occ. Code 10.	Grade or Level 11.Step or Rate	12. Total Salary	13.Pay Basi	8. Pay Plan	9.Occ. Code	18.Grade or Leve	19.Step or Rate	20. Total Salary	/Award 13.Pay Basi
12A. Basic Pay		dj. Basic Pay 120	D. Other Pay	20A. Basic	Pay	20B. Locality	Adj. 20C. <i>A</i>	Adj. Basic Pay 2	OD. Other Pay
14. Name and Location of	of Position's Organization			22 Name	and Location	on of Position's	Organization		_
	E ADJUTANT GENE DOWELL ROAD 85008-3495								
EMPLOYEE DATA	Α			•					
23. Veterans Preference  1 - None	3 - 10-Point/Disability	5 - 10-Point/Oth	er		0 - None	2 - Conditional	25. Agency U	Jse 26. Vet	erans Pref for RIF
2 - 5-Point 27. FEGLI	4 - 10-Point/Compensable	6 - 10-Point/Cor	mpensable/30%		1 - Permaner tant Indicate	or 3 - Indefinite		29. Pay	Rate Determinant
									]
30. Retirement Plan		31. Service	Comp. Date (Leave)	32. Work	Schedule			33. Par	-Time Hours Per Biweekly
POSITION DATA									Pay Period
34. Position Occupied		35. FLSA		36. Appro	priation Co	de		37. Bar	gaining Unit Status
1 - Competitive S 2 - Excepted Ser			E - Exempt N - Nonexempt						
38. Duty Station Code		,	Station <i>(City - Co</i>	,		-	COPA AR	IZONA)	
40. Agency Data	41.	42.	43.	17(12 (1.2	44.		00171,7111	112011/1/	
45. Educational Level	46. Year Degree Attained	47. Academic Dis	scipline 48. Fund	tional Class	49. Citiz	zenship - USA 8 - Other	50. Veterans	Status 51. Sup	ervisory Status
PART C - Review	□ vs and Approvals (Λ	lot to be use	d by reques	ting offic		- OSA 8 - Other			
1. Office/Function	Initials/Signate		Date		/Function		Initials/Signat	ure	Date
A.				D.					
				<u> </u>					
В.				E.					
C.				F.					
	hat the information entered			Signature			<u></u>		Approval Date

PART D - Remarks by Requesting Office				
(Note to Supervisors: Do you know of additional or conflicting If "YES", please state these facts on a s		=	YES	NO
JUSTIFICATION: (CONTACT AGR MANAGER I	•	02.17		
	511 52 71126)			
PART E - Employee Resignation/Retirement				
	Privacy Act	Statement		
You are requested to furnish a specific reason for your retirement and a forwarding address. Your reason may any future decision regarding your re-employment in the and may also be used to determine your eligibility for compensation benefits. Your forwarding address will to mail you copies of any documents you should ha compensation to which you are entitled.	y be considered in ne Federal service or unemployment be used primarily	and agencies to issue regulations with individuals in the Federal service and their requires agencies to furnish the specific Federal service to the Secretary of Lat connection with administration of unprograms.	records, while s reason for te oor or a State	section 8506 rmination of agency in
This information is requested under authority of section 8506 of title 5, U.S. Code. Sections 301 and 3301	ns 301, 3301, and authorize OPM	The furnishing of this information is voluprovide it may result in your not receiving documents you should have; (2) pay or other (3) any unemployment compensation beneatitled.	r (1) your cop	oies of those due you; and
2. Effective Date 3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State,	ZIP Code)	
PART F - Remarks for SF 50	<u>'</u>			